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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/269,999	
	Filing Date	June 28, 1999	
	First Named Inventor	SMITH et al.	
	Group Art Unit	1615	
	Examiner Name	Todd D. Ware	
Total Number of Pages in This Submission	14	Attorney Docket Number	S1011/20102

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): - Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd. Customer No. 03000
Signature	
Date	July 3, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>July 3, 2001</u>			
Typed or printed name	Michael J. Cornelson		
Signature		Date	July 3, 2001

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FREE TRANSMITTAL for FY 2001		Complete if Known	
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TOTAL AMOUNT OF PAYMENT	(\$)	0	

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 03-0075 Deposit Account Name: Caesar, Rivise, Bernstein, et al. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																																																																																																																					
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael J. Cornelison	Registration No. (Attorney/Agent)	40,395
Signature		Telephone	(215) 567-2010
		Date	July 3, 2001

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